

158-75-

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # F96000004261 1. Entity Name VOYAGER TECHNOLOGIES, INC.						FILED 06 FEB 24 AM 9:41 FLORIDA STATE CAPITALS, FLORIDA	
Principal Place of Business 1200 W SR 434 SUITE 300 LONGWOOD, FL 32750 US				Mailing Address 1200 W SR 434 SUITE 300 LONGWOOD, FL 32750 US			
2. Principal Place of Business		3. Mailing Address					
Suite, Apt. #, etc.		Suite, Apt. #, etc.					
City & State		City & State					
Zip	Country	Zip	Country				
4. FEI Number 86-0645550				Applied For <input type="checkbox"/> Not Applicable			
5. Certificate of Status Desired <input checked="" type="checkbox"/>				\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent JOHNSON, LORAN A ESQ. LOWNDES, DROSDICK, DOSTER, KANTOR & REED 215 N. EOLA DR. ORLANDO, FL 32801				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code			
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.							
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____							
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00				9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	CP DAMAN, WILLEM 1200 W. SR 434, STE 300 LONGWOOD, FL 32750			<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	CS JAFFE, MARTIN 31 WEST 56TH ST. NEW YORK, NY 10019			<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP				<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP				<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP				<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP				<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP				<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP				<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP				<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP				<input type="checkbox"/> Delete			
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.				200066810822 02/28/06--01018--004 **337.50			
SIGNATURE:				2/21/06 4072618508			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Date Daytime Phone #			